

SECTION 8: SEXUAL BEHAVIOUR

These questions are about your recent sexual behaviour. If you think that you can't answer these questions truthfully then feel free to say that you would prefer not to answer. However, I emphasise again that any information that you give me is completely confidential.

Refused to answer this section: Yes ¹ No ⁰

8.1 .Who have you had sex with in the **last month**?

No sex ¹ **IF NO SEX SKIP TO SECTION 9**

Only with people of the opposite sex to me ² With both men and women ³ Only with people of the same sex as me ⁴

8.2. How many different people (including clients) have you had sex with in the **last month**?

None ⁰ enter number:

8.3 Did you have sex with **regular partner(s)** in the **last month**? None ⁰ Yes ¹

8.3.1. How often did you use condoms when you had sex with **regular partner(s)** in the **last month**?

No regular partner ⁰ Every time ¹ Often ² Sometimes ³ Rarely ⁴ Never ⁵

8.3.2 How often did you use ATS before you had sex with **regular partner(s)** in the **last month**?

No regular partner ⁰ Every time ¹ Often ² Sometimes ³ Rarely ⁴ Never ⁵

8.4 Did you have sex with **casual partner(s)** in the **last month**? None ⁰ Yes ¹

8.4.1. How often did you use condoms when you had sex with **casual partner(s)** in the **last month**?

No casual partner ⁰ Every time ¹ Often ² Sometimes ³ Rarely ⁴ Never ⁵

8.4.2. How often did you use ATS before you had sex with **casual partner(s)** in the **last month**?

No casual partner ⁰ Every time ¹ Often ² Sometimes ³ Rarely ⁴ Never ⁵

8.5. Did you have **paid for sex** (eg with money, **drugs** or food, place to sleep) in the **last month**?

None ⁰ Yes ¹

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8.5.1 How often did you use condoms when you have been **paid for sex** (eg with money, **drugs** or food, place to sleep) in the **last month**?

No paid sex ⁰ Every time ¹ Often ² Sometimes ³ Rarely ⁴ Never ⁵

8.5.2 How often did you use ATS before you have been **paid for sex** (eg with money, **drugs** or food, place to sleep) in the **last month**?

No paid sex ⁰ Every time ¹ Often ² Sometimes ³ Rarely ⁴ Never ⁵

8.6. How often did you have anal sex in the **last month**?

None ⁰ enter number:

8.7. How often did you use condoms when you had anal sex in the **last month**?

No anal sex partner ⁰ Every time ¹ Often ² Sometimes ³ Rarely ⁴ Never ⁵

8.8. How often did you use ATS before you had anal sex in the **last month**?

No anal sex partner ⁰ Every time ¹ Often ² Sometimes ³ Rarely ⁴ Never ⁵

SECTION 9: GENERAL AND PSYCHIATRIC HEALTH

9.1 In general would you say your health was in the month prior to admission:

SHOW CUE CARD H

Excellent	Very good	Good	Fair	Poor
4	3	2	1	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.2 The following questions are about activities you might do during a typical day in the month prior to admission. Did your health limit you in these activities? If so, how much:

SHOW CUE CARD I

	Yes, limited a lot	Yes, limited a little	No, no at all limited
a. Moderate activities, such as moving a table or cleaning the house	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Climbing several flights of stairs	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

9.3 During the one month prior to admission did you had any of the following problems with your work or other regular daily activities as a RESULT OF YOUR PHYSICAL HEALTH?

	Yes,	No
a. Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Were limited in the kind of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 0

9.4 During the one month prior to admission, did you have any of the following problems with your work or other regular daily activities as a RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)

	Yes,	No
a. Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Were limited in the kind of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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9.5 During the one month prior to admission, how much did PAIN interfere with your normal work (including both work outside the home and housework).

SHOW CUE CARD J

Not at all	A little bit	Moderately	Quite a bit	Extremely
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.6 These questions are about how you feel and how things have been with you during the MONTH PRIOR TO ADMISSION.

SHOW CUE CARD K	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Did you have a lot of energy?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Have you felt downhearted and depressed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Has your physical health or emotional health problems interfered with your social activities (like visiting friends, relatives, etc.)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

MINI PLUS

M. PSYCHOTIC DISORDERS - Part 1

ASK FOR AN EXAMPLE OF EACH QUESTION ANSWERED POSITIVELY. CODE YES ONLY IF THE EXAMPLES CLEARLY SHOW A DISTORTION OF THOUGHT OR OF PERCEPTION OR IF THEY ARE NOT CULTURALLY APPROPRIATE. BEFORE CODING, INVESTIGATE WHETHER DELUSIONS QUALIFY AS "BIZARRE".

DELUSIONS ARE "BIZARRE" IF: CLEARLY IMPLAUSIBLE, ABSURD, NOT UNDERSTANDABLE, AND CANNOT DERIVE FROM ORDINARY LIFE EXPERIENCE.

HALLUCINATIONS ARE SCORED "BIZARRE" IF: A VOICE COMMENTS ON THE PERSON'S THOUGHTS OR BEHAVIOR, OR WHEN TWO OR MORE VOICES ARE CONVERSING WITH EACH OTHER.

ALL OF THE PATIENT'S RESPONSES TO THE QUESTIONS SHOULD BE CODED IN COLUMN A. USE THE CLINICIAN JUDGMENT COLUMN (COLUMN B) ONLY IF THE CLINICIAN KNOWS FROM OTHER OUTSIDE EVIDENCE (FOR EXAMPLE, FAMILY INPUT) THAT THE SYMPTOM IS PRESENT BUT IS BEING DENIED BY THE PATIENT.

Now I am going to ask you about unusual experiences that some people have.

		COLUMN A Patient Response			COLUMN B Clinician Judgment (if necessary)		
		NO	YES	BIZARRE YES	YES	BIZARRE YES	
M1	a Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?	NO	YES	YES	YES	YES	1
	b IF YES: Do you currently believe these things? NOTE: ASK FOR EXAMPLES, TO RULE OUT ACTUAL STALKING.	NO	YES	YES	YES	YES	2
M2	a Have you ever believed that someone was reading your mind or could hear your thoughts or that you could actually read someone's mind or hear what another person was thinking?	NO		YES		YES	3
	b IF YES: Do you currently believe these things?	NO		YES		YES	4
M3	a Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Have you ever felt that you were possessed? CLINICIAN: ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC.	NO		YES		YES	5
	b IF YES: Do you currently believe these things?	NO		YES		YES	6
M4	a Have you ever believed that you were being sent special messages through the TV, radio, or newspaper, or that a person you did not personally know was particularly interested in you?	NO	YES	YES		YES YES	7
	b IF YES: Do you currently believe these things?	NO	YES	YES		YES YES	8
M5	a Have your relatives or friends ever considered any of your beliefs strange or unusual? INTERVIEWER: ASK FOR EXAMPLES. CODE YES ONLY IF THE EXAMPLES ARE CLEARLY DELUSIONAL IDEAS (FOR EXAMPLE, SOMATIC OR RELIGIOUS DELUSIONS OR DELUSIONS OF GRANDIOSITY, JEALOUSY, GUILT, RUIN OR DESTITUTION OR OTHERS NOT EXPLORED IN M1 TO M4).	NO	YES	YES		YES YES	9

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	b IF YES: Do they currently consider your beliefs strange?	NO	YES	YES BIZARRE	YES BIZARRE	YES	10
M6	a Have you ever heard things other people couldn't hear, such as voices? HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING: IF YES: Did you hear a voice commenting on your thoughts or behavior, or did you hear two or more voices talking to each other?	NO	YES			YES	11
	b IF YES: Have you heard these things in the past month? SCORE AS "YES BIZARRE" IF PATIENT HEARD A VOICE COMMENTING ON THEIR THOUGHTS OR BEHAVIOR OR HEARD TWO OR MORE VOICES TALKING TO EACH OTHER.	NO	YES	YES		YES	12
M7	a Have you ever had visions when you were awake or have you ever seen things other people couldn't see? CLINICIAN: CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE.	NO	YES			YES	13
	b IF YES: Have you seen these things in the past month? CLINICIAN'S JUDGMENT	NO	YES			YES	14
M8	b Is the patient currently exhibiting incoherence, disorganized speech, or marked loosening of associations?					NO	YES 15
M9	b Is the patient currently exhibiting disorganized or catatonic behavior?					NO	YES 16
M10	b Are negative symptoms of schizophrenia, for example, significant affective flattening, poverty of speech (alogia) or an inability to initiate or persist in goal-directed activities (avolition) prominent during the interview?					NO	YES 17
M11	a IS THERE AT LEAST ONE "YES" FROM M1 TO M10b?					NO	YES

M11 b

ARE THE ONLY SYMPTOMS PRESENT THOSE IDENTIFIED BY THE CLINICIAN FROM M1 TO M7 (COLUMN B) AND FROM M8b OR M9b OR M10b?

IF NO, CONTINUE.

NO	YES
PSYCHOTIC DISORDER NOT OTHERWISE SPECIFIED*	
Current <input type="checkbox"/> É	
Lifetime <input type="checkbox"/>	
*Provisional diagnosis due to insufficient information available at this time.	

WARNING: If AT LEAST ONE "b" QUESTION IS CODED YES, CODE M11c AND M11d.
If ALL "b" QUESTIONS ARE CODED NO, CODE ONLY M11d.

M11c

FROM M1 TO M10b: ARE ONE OR MORE "b" ITEMS CODED "YES BIZARRE"?

OR

ARE TWO OR MORE "b" ITEMS CODED "YES" BUT NOT "YES BIZARRE"?

NO
Then Criterion "A" of Schizophrenia is not currently met.

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YES
Then Criterion "A" of
Schizophrenia
is currently met.

M11d FROM **M1** TO **M10b**: ARE ONE OR MORE "a" ITEMS CODED "YES BIZARRE"

OR

ARE TWO OR MORE "a" ITEMS CODED "YES" BUT NOT "YES BIZARRE"?
(CHECK THAT THE 2 ITEMS OCCURRED DURING THE SAME TIME PERIOD.)

NO
Then Criterion "A" of
Schizophrenia
is not met Lifetime.

OR IS **M11c** CODED "YES"

YES
Then Criterion "A" of
Schizophrenia
is met Lifetime.

M12 a Were you taking any drugs or medicines just before these symptoms began?

No Yes

18

b Did you have any medical illness just before these symptoms began?

No Yes

19

c IN THE CLINICIAN'S JUDGMENT, ARE EITHER OF THESE LIKELY TO BE
DIRECT CAUSES OF THE PATIENT'S PSYCHOSIS?
(IF NECESSARY, ASK OTHER OPEN-ENDED QUESTIONS.)

No Yes

20

d HAS AN ORGANIC CAUSE BEEN RULED OUT?

NO YES UNCERTAIN

21

IF **M12d** = NO: SCORE **M13** (a, b) AND GO TO THE NEXT DISORDER
IF **M12d** = YES: CODE NO IN **M13** (a, b) AND GO TO **M14**
IF **M12d** = UNCERTAIN: CODE UNCERTAIN IN **M13** (a, b) AND GO TO **M14**

M13a IS **M12d** CODED NO BECAUSE OF A GENERAL MEDICAL CONDITION?

IF YES, SPECIFY IF THE LAST EPISODE IS

CURRENT (AT LEAST ONE "b" QUESTION IS CODED YES FROM **M1** TO **M10b**)
AND/OR LIFETIME ("a" OR "b") QUESTION IS CODED YES FROM **M1** TO **M10b**.

22

NO YES

PSYCHOTIC DISORDER
Due to a General Medical
Condition
Current É
Lifetime É
Uncertain, code later É

M13 b IS **M12d** CODED NO BECAUSE OF A DRUG?

IF YES, SPECIFY IF THE LAST EPISODE IS

CURRENT (AT LEAST ONE QUESTION "b" IS CODED YES FROM **M1** TO **M10b**)
AND/OR LIFETIME (ANY "a" OR "b" QUESTION CODED YES FROM **M1** TO **M10b**).

23

NO YES

Substance Induced
PSYCHOTIC DISORDER
Current É
Lifetime É
Uncertain, code later

M14 How long was the longest period during which you had those beliefs or experiences?
IF <1 DAY, GO TO THE NEXT SECTION.

24

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M15 a	During or after a period when you had these beliefs or experiences, did you have difficulty working, or difficulty in your relationships with others, or in taking care of yourself?	NO	YES	25
b	IF YES, how long did these difficulties last? IF 6 MONTHS, GO TO M16.	_____		26
C	Have you been treated with medications or were you hospitalized because of these beliefs or experiences, or the difficulties caused by these problems?	NO	YES	27
D	IF YES, what was the longest time you were treated with medication or were hospitalized for these problems?	_____		28
M16 a	THE PATIENT REPORTED DISABILITY (M15a CODED YES) OR WAS TREATED OR HOSPITALIZED FOR PSYCHOSIS (M15c = YES).	NO	YES	29
B	CLINICIAN'S JUDGMENT: CONSIDERING YOUR EXPERIENCE, RATE THE PATIENT'S LIFETIME DISABILITY CAUSED BY THE PSYCHOSIS.			30
	absent <input type="checkbox"/>		1	
	mild <input type="checkbox"/>		2	
	moderate <input type="checkbox"/>		3	
	severe <input type="checkbox"/>		4	
M17	WHAT WAS THE TOTAL DURATION OF THE PSYCHOSIS, TAKING INTO ACCOUNT THE ACTIVE PHASE (M14) AND THE ASSOCIATED DIFFICULTIES (M15b) AND PSYCHIATRIC TREATMENT (M15d).	1 <input type="checkbox"/>	1 day to <1 month	31
		2 <input type="checkbox"/>	1 month to <6 months	
		3 <input type="checkbox"/>	>6 months	
			CHRONOLOGY	
M18 a	How old were you when you first began having these unusual beliefs or experiences?	<input type="text"/>	age	3
b	Since the first onset how many distinct times did you have significant episodes of these unusual beliefs or experiences?	<input type="text"/>		3

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A. MAJOR DEPRESSIVE EPISODE

(MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

IF MODULE M HAS ALREADY BEEN EXPLORED AND PSYCHOTIC SYMPTOMS HAVE BEEN IDENTIFIED (M1 TO M10b), EXAMINE FOR EACH POSITIVE RESPONSE TO THE FOLLOWING QUESTIONS IF THE DEPRESSIVE SYMPTOMS ARE NOT BETTER EXPLAINED BY THE PRESENCE OF A PSYCHOTIC DISORDER AND CODE ACCORDINGLY.

A1	a Have you ever been consistently depressed or down, most of the day, nearly every day, for at least two weeks?	NO	YES	1
	IF A1a = YES:			
	B Have you been consistently depressed or down, most of the day, nearly every day, for the past 2 weeks?	NO	YES	2
A2	a Have you ever been less interested in most things or less able to enjoy the things you used to enjoy most of the time over at least 2 weeks?	NO	YES	3
	IF A2a = YES:			
	B In the past 2 weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time.	NO	YES	4
	<input type="checkbox"/>			
	IS A1a OR A2a CODED YES?	NO	YES	

IF CURRENTLY DEPRESSED (A1b OR A2b = YES): EXPLORE ONLY CURRENT EPISODE.
IF NO: EXPLORE THE MOST SYMPTOMATIC PAST EPISODE.

A3	Over the two week period when you felt depressed or uninterested,	<u>Current Episode</u>		<u>Past Episode</u>		
	A Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (I.E., BY ±5% OF BODY WEIGHT OR ±8 LBS. OR ±3.5 KGS. FOR A 160 LB./70 KGS. PERSON IN A MONTH)? IF YES TO EITHER, CODE YES.	NO	YES	NO	YES	5
	B Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively)?	NO	YES	NO	YES	6
	C Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day?	NO	YES	NO	YES	7
	D Did you feel tired or without energy almost every day?	NO	YES	NO	YES	8
	E Did you feel worthless or guilty almost every day?	NO	YES	NO	YES	9
	IF A3e = YES: ASK FOR AN EXAMPLE THE EXAMPLE IS CONSISTENT WITH A DELUSIONAL IDEA. <input type="checkbox"/> NO <input type="checkbox"/> YES					
f	Did you have difficulty concentrating or making decisions almost every day?	NO	YES	NO	YES	10
	g Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead?	NO	YES	NO	YES	11

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A4 ARE 3 OR MORE A3 ANSWERS CODED YES (OR 4 A3 ANSWERS, IF A1a OR A2a ARE CODED NO FOR PAST EPISODE OR IF A1b OR A2b ARE CODED NO FOR CURRENT EPISODE)?

NO YES NO YES

VERIFY IF THE POSITIVE SYMPTOMS OCCURRED DURING THE SAME 2 WEEK TIME FRAME.

IF A4 IS CODED NO FOR CURRENT EPISODE THEN EXPLORE A3a - A3g FOR MOST SYMPTOMATIC PAST EPISODE.

A5 Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way?

NO YES 12

A6 Are the symptoms due entirely to the loss of a loved one (bereavement) and are they similar in severity, level of impairment, and duration to what most others would suffer under similar circumstances? If so, this is uncomplicated bereavement.

HAS UNCOMPLICATED BEREAVEMENT BEEN RULED OUT?

É É
NO YES 13

A7 a Were you taking any drugs or medicines just before these symptoms began?

No Yes

b Did you have any medical illness just before these symptoms began?

No Yes

IN THE CLINICIAN'S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S DEPRESSION? IF NECESSARY ASK ADDITIONAL OPEN-ENDED QUESTIONS.

A7 (SUMMARY); HAS AN ORGANIC CAUSE BEEN RULED OUT?

NO YES UNCERTAIN 14

A8 CODE YES IF A7(SUMMARY) = YES OR UNCERTAIN.

SPECIFY IF THE EPISODE IS CURRENT AND/ OR PAST OR BOTH (RECURRENT).

	NO		YES
<i>Major Depressive Episode</i>			
Current	<input type="checkbox"/>		<input type="checkbox"/>
Past	<input type="checkbox"/>		<input type="checkbox"/>

A9 CODE YES IF A7b = YES AND A7 (SUMMARY) = NO.

SPECIFY IF THE EPISODE IS CURRENT AND/ OR PAST OR BOTH (RECURRENT).

	NO		YES
<i>Mood Disorder Due to a General Medical Condition</i>			
Current	<input type="checkbox"/>		<input type="checkbox"/>
Past	<input type="checkbox"/>		<input type="checkbox"/>

A10 CODE YES IF A7a = YES AND A7 (SUMMARY) = NO.

SPECIFY IF THE EPISODE IS CURRENT AND/ OR PAST OR BOTH (RECURRENT).

	NO		YES
<i>Substance Induced Mood Disorder</i>			
Current	<input type="checkbox"/>		<input type="checkbox"/> É
Past	<input type="checkbox"/>		<input type="checkbox"/>

CHRONOLOGY

A11 How old were you when you first began having symptoms of depression? age 15

A12 During your lifetime, how many distinct times did you have these symptoms of depression (daily for at least 2 weeks)? 16

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

B. DYSTHYMIA

(☐É MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)

If patient's symptoms currently meet criteria for major depressive episode, do NOT explore current dysthymia, but do explore PAST dysthymia. Make sure that the past dysthymia explored is not one of the past major depressive episodes, and that it was separated from any prior major depressive episode by at least 2 months of full remission. [APPLY THIS RULE ONLY IF YOU ARE INTERESTED IN EXPLORING DOUBLE DEPRESSION.]

SPECIFY WHICH TIME FRAME IS EXPLORED BELOW:

É Current
 É Past

B1	Have you felt sad, low or depressed most of the time for the last two years? (OR IF EXPLORING PAST DYSTHYMIA: "In the past, did you ever feel sad, low or depressed for 2 years continuously?")	<input type="checkbox"/>	NO	YES	22
B2	Was this period interrupted by your feeling OK for two months or more?	<input type="checkbox"/> É	NO	YES	23
B3	During this period of feeling depressed most of the time:				
	A Did your appetite change significantly?		NO	YES	24
	B Did you have trouble sleeping or sleep excessively?		NO	YES	25
	c Did you feel tired or without energy?		NO	YES	26
	d Did you lose your self-confidence?		NO	YES	27
	e Did you have trouble concentrating or making decisions?		NO	YES	28
	f Did you feel hopeless?		NO	YES	29
	ARE 2 OR MORE B3 ANSWERS CODED YES?		NO	YES	
B4	Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way?		NO	YES	30
B5	Were you taking any drugs or medicines just before these symptoms began? Did you have any medical illness just before these symptoms began? IN THE CLINICIAN'S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S DEPRESSION?				
	HAS AN ORGANIC CAUSE BEEN RULED OUT?		NO	YES	31
	IS B5 CODED YES?				

NO	YES
DYSTHYMIA	
Current <input type="checkbox"/>	Past <input type="checkbox"/>

CHRONOLOGY

B6 How old were you when you first began having symptoms of 2 years of continuous depression? age 32

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D. (HYPO) MANIC EPISODE

(MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

IF MODULE M HAS ALREADY BEEN EXPLORED AND PSYCHOTIC SYMPTOMS HAVE BEEN IDENTIFIED (M1 TO M10b), EXAMINE FOR EACH POSITIVE RESPONSE TO THE FOLLOWING QUESTIONS IF THE (HYPO)MANIC SYMPTOMS ARE NOT BETTER EXPLAINED BY THE PRESENCE OF A PSYCHOTIC DISORDER AND CODE ACCORDINGLY.

D1 a Have you **ever** had a period of time when you were feeling 'up' or 'high' or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self?
(Do not consider times when you were intoxicated on drugs or alcohol.)

NO YES 1

IF YES TO D1a:

b Are you **currently** feeling 'up' or 'high' or full of energy?

NO YES 2

IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY 'UP' OR 'HIGH', CLARIFY AS FOLLOWS: BY 'UP' OR 'HIGH' I MEAN: HAVING ELATED MOOD; INCREASED ENERGY; NEEDING LESS SLEEP; HAVING RAPID THOUGHTS; BEING FULL OF IDEAS; HAVING AN INCREASE IN PRODUCTIVITY, MOTIVATION, CREATIVITY, OR IMPULSIVE BEHAVIOR.

D2 a Have you **ever** been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified?

NO YES 3

IF YES TO D2a:

b Are you **currently** feeling persistently irritable?

NO YES 4

IS D1a OR D2a CODED YES?

NO YES

D3 IF D1b OR D2b = YES: EXPLORE ONLY CURRENT EPISODE
IF D1b AND D2b = NO: EXPLORE THE MOST SYMPTOMATIC PAST EPISODE

During the times when you felt high, full of energy, or irritable did you:

	<u>Current Episode</u>		<u>Past Episode</u>		
A Feel that you could do things others couldn't do, or that you were an especially important person? IF YES, ASK FOR EXAMPLES. THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. <input type="checkbox"/> No <input type="checkbox"/> Yes	NO	YES	NO	YES	5
B Need less sleep (for example, feel rested after only a few hours sleep)?	NO	YES	NO	YES	6
C Talk too much without stopping, or so fast that people had difficulty understanding?	NO	YES	NO	YES	7
D Have racing thoughts?	NO	YES	NO	YES	8
e Become easily distracted so that any little interruption could distract you?	NO	YES	NO	YES	9
f Become so active or physically restless that others were worried about you?	NO	YES	NO	YES	10

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g Want so much to engage in pleasurable activities that you ignored the risks or consequences (for example, spending sprees, reckless driving, or sexual indiscretions)? NO YES NO YES 11

D3(SUMMARY): ARE 3 OR MORE D3 ANSWERS CODED YES (OR 4 OR MORE IF D1a IS NO (IN RATING PAST EPISODE) OR D1b IS NO (IN RATING CURRENT EPISODE)? NO YES NO YES
 RULE: ELATION/EXPANSIVENESS REQUIRES ONLY THREE D3 SYMPTOMS WHILE IRRITABLE MOOD ALONE REQUIRES 4 OF THE D3 SYMPTOMS.

VERIFY IF THE SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD.

D4 a Were you taking any drugs or medicines just before these symptoms began? No Yes

b Did you have any medical illness just before these symptoms began? No Yes

IN THE CLINICIAN'S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S (HYPO)MANIA? IF NECESSARY, ASK ADDITIONAL OPEN ENDED QUESTIONS.

D4 (SUMMARY): HAS AN ORGANIC CAUSE BEEN RULED OUT? NO YES | UNCERTAIN 12

D5 Did these symptoms last at least a week and cause problems beyond your control at home, work, school, or were you hospitalized for these problems? NO YES | NO YES 13

IF D5 IS CODED NO FOR CURRENT EPISODE, THEN EXPLORE D3, D4 AND D5 FOR THE MOST SYMPTOMATIC PAST EPISODE.

D6

IF D3 (SUMMARY) = YES AND D4 (SUMMARY) = YES OR UNCERTAIN AND D5 = NO, AND NO DELUSIONAL IDEA WAS DESCRIBED IN D3a, CODE YES FOR HYPOMANIAC EPISODE.

SPECIFY IF THE EPISODE IDENTIFIED IS CURRENT OR PAST.

NO	YES
ÉÉÉÉÉÉÉÉÉ	
<i>HYPOMANIC EPISODE</i>	
Current	<input type="checkbox"/> É
Past	<input type="checkbox"/> É

D7 IF D3 (SUMMARY) = YES AND D4 (SUMMARY) = YES OR UNCERTAIN AND EITHER D5 = YES OR A DELUSIONAL IDEA WAS DESCRIBED IN D3a, CODE YES FOR MANIC EPISODE.

SPECIFY IF THE EPISODE IDENTIFIED IS CURRENT OR PAST.

NO	YES
<i>MANIC EPISODE</i>	
Current	<input type="checkbox"/>
Past	<input type="checkbox"/> É

D8 IF D3 (SUMMARY) AND D4b AND D5 = YES AND D4 (SUMMARY) = NO, CODE YES?

SPECIFY IF THE EPISODE IDENTIFIED IS CURRENT OR PAST.

NO	YES
<i>(Hypo) Manic Episode Due to a General Medical Condition</i>	
Current	<input type="checkbox"/> É
Past	<input type="checkbox"/> É

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

D9 IF **D3 (SUMMARY)** AND **D4a** AND **D5** = YES AND **D4 (SUMMARY)** = NO, CODE YES?

SPECIFY IF THE EPISODE IDENTIFIED IS CURRENT OR PAST.

GO TO NEXT MODULE.

NO	YES
<i>Substance Induced</i>	
<i>(Hypo) Manic Episode</i>	
Current	<input type="checkbox"/>
Past	<input type="checkbox"/>

IF **D8** OR **D9** = YES,

SUBTYPES

Rapid Cycling

Have you had four or more episodes of mood disturbance in 12 months?

14 NO	YES
<i>Rapid Cycling</i>	

Mixed Episode

PATIENT MEETS CRITERIA FOR BOTH MANIC EPISODE AND MAJOR DEPRESSIVE EPISODE NEARLY EVERY DAY DURING AT LEAST A ONE WEEK PERIOD.

15 NO	YES
<i>Mixed Episode</i>	

Seasonal Pattern

THE ONSET AND REMISSIONS OR SWITCHES FROM DEPRESSION TO MANIA OR HYPOMANIA CONSISTENTLY OCCUR AT A PARTICULAR TIME OF YEAR.

16 NO	YES
<i>Seasonal Pattern</i>	

With Full Interepisode Recovery

Between the two most recent mood episodes did you fully recover?

17 NO	YES
<i>With Full Interepisode Recovery</i>	

CIRCLE ONE

MOST RECENT EPISODE WAS A **MANIC / HYPOMANIC / MIXED / DEPRESSED** EPISODE

SEVERITY

- | | | | |
|-------------------------------------|-----------|-----------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | X1 | Mild | <input type="checkbox"/> |
| <input type="checkbox"/> | X2 | Moderate | <input type="checkbox"/> |
| <input type="checkbox"/> | X3 | Severe without psychotic features | <input type="checkbox"/> |
| <input type="checkbox"/> | X4 | Severe with psychotic features | <input type="checkbox"/> |
| <input type="checkbox"/> | X5 | In partial remission | <input type="checkbox"/> |
| <input type="checkbox"/> | X6 | In full remission | <input type="checkbox"/> |

CHRONOLOGY

- D10 How old were you when you first began having symptoms of manic/hypomanic episodes? age 18
- D11 Since the first onset how many distinct times did you have significant symptoms of mania/hypomania? 19

PSYCHOTIC DISORDERS - PART 2

DIFFERENTIAL DIAGNOSIS BETWEEN PSYCHOTIC AND MOOD DISORDERS

CODE THE QUESTIONS **M19** TO **M23** ONLY IF THE PATIENT DESCRIBED AT LEAST 1 PSYCHOTIC SYMPTOM (**M11a** = YES AND **M11b** = NO), NOT EXPLAINED BY AN ORGANIC CAUSE (**M12d** = YES OR UNCERTAIN).

- M19 a DOES THE PATIENT CODE POSITIVE FOR CURRENT AND/OR PAST MAJOR DEPRESSIVE EPISODE (QUESTION **A8** CODED YES)? NO YES
- B IF YES: IS **A1** (DEPRESSED MOOD) CODED YES? NO YES
- C DOES THE PATIENT CODE POSITIVE FOR CURRENT AND/OR PAST MANIC EPISODE (QUESTION **D7** IS CODED YES)? NO YES
- D Is **M19a** OR **M19c** CODED YES? NO YES

↓
STOP. Skip to M24

NOTE: VERIFY THAT THE RESPONSES TO THE QUESTIONS **M20** TO **M23** REFER TO THE PSYCHOTIC, DEPRESSIVE (**A8**) AND MANIC EPISODES (**D7**), ALREADY IDENTIFIED IN **M11c** AND **M11d**, **A8** AND **D7**. IN CASE OF DISCREPANCIES, REEXPLORE THE SEQUENCE OF DISORDERS, TAKING INTO ACCOUNT IMPORTANT LIFE ANCHOR POINTS/MILESTONES AND CODE **M20** TO **M23** ACCORDINGLY.

- M20 When you were having the beliefs and experiences you just described (GIVE EXAMPLES TO PATIENT), were you also feeling depressed/high/irritable at the same time? NO YES 34
↓
STOP. Skip to M24
- M21 Were the beliefs or experiences you just described (GIVE EXAMPLES TO PATIENT) restricted exclusively to times you were feeling depressed/high/irritable? NO YES 35
↓
STOP. Skip to M24
- M22 Have you ever had a period of two weeks or more of having these beliefs or experiences when you were not feeling depressed/high/irritable? NO YES 36
↓
STOP. Skip to M24
- M23 Which lasted longer: these beliefs or experiences or the periods of feeling depressed/high/irritable? 1 mood 37
2 beliefs, experiences
3 same

MANCHESTER

INTERVIEWER: PLEASE REFER TO APENDIX III OF THE PROTOCOL FOR CODING DETAILS

General rules for the Five-Point Scale

- Rating "0" Absent: The item is for all practical purposes absent
 Rating "1" Mild: Although there is some evidence for the item in question, it is not considered pathological.
 Rating "2" Moderate: The item is present in a degree just sufficient to be regarded as pathological.
 Rating "3" Marked:) See individual definitions
 Rating "4" Severe:)

Key symptoms in the past:

(Questions about past week should include whether depressed, anxious, how getting on with other people; whether anyone seems against him; whether he can think clearly; any interference with thoughts; thoughts read; reference to him on television or newspapers; hearing voices or seeing visions).

Name of rating	Reason for morbid rating	Rating
----------------	--------------------------	--------

Rating made by replies to questions:

Depressed	0 1 2 3 4
Anxious	0 1 2 3 4
Coherently expressed delusions	0 1 2 3 4
Hallucinations	0 1 2 3 4

Ratings made by observation:

Incoherence and irrelevance of speech	0 1 2 3 4
Poverty of speech, mute	0 1 2 3 4
Flattened incongruous affect	0 1 2 3 4
Psychomotor retardation	0 1 2 3 4

SECTION 10: TREATMENT CONTACT

10.1. Have you been vaccinated for Hepatis B? Yes ² No ¹ Don't know ⁹

10.2 How many times have you ever been hospitalised for general medical problems? times

Note: Do not include drug/alcohol or other psychiatric treatment

a. How many times have you been hospitalised in the <u>past 12 months</u>	admissions
b. How long have you spent in hospital in total in the <u>past 12 months</u>	duration

10.3. Have you ever had any treatment for an emotional or psychological health problem?

Note: Do not include drug/alcohol treatment

Yes ² No ¹

a. How many <u>times</u> in total have you ever had treatment for a psychological health problem in:		
	Ever	Number of times in Past 12 months
1. <u>Hospital or other residential programme</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Community mental health team</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Hospital Outpatient program</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Other</u> – specify _____	<input type="checkbox"/>	<input type="checkbox"/>

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

These next questions are about treatment you may have had for methamphetamine use before

10.4. How times in total have you ever received treatment for methamphetamine use?

times

10.5. How old were you the first time you first had treatment for methamphetamine use?

Years

10.6.1. How many times have you received treatment for methamphetamine use in the following settings:

a. <u>An in-patient program</u>		times
b. <u>A residential rehabilitation program</u>		times
c. <u>A community outpatient program</u>		times
d. <u>Some other type of treatment</u>		times
Describe: _____		

10.6.2. How many times have you received treatment for **methamphetamine psychosis**? _____ Total

10.6.2.1 How many of those times were caused by other substance induced methamphetamine psychosis? _____ Times

10.6.2.2 How many of those times were caused by poor treatment compliance? _____ Times

10.6.2.3 How many of those times were stress induced methamphetamine psychosis? _____ Times

These next questions are about treatment you may have had for any other type of drug problem

10.7. How many times in total have you ever received treatment for other drug problems?

times

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

10.8. How old were you the first time you first had treatment for other drug problems?

Years

10.9. How many times have you received treatment for other drug problems in the following settings?

a. An <u>in-patient detoxification program</u>		times
b. A <u>residential rehabilitation program</u>		times
c. A <u>community outpatient program</u>		times
d. Some <u>other type of formal treatment</u>		times
Describe: _____		

**END OF QUESTIONNAIRE; THANK PATIENT
ENSURE TO COMPLETE PATIENT CLINICAL RECORD ABOUT TREATMENT, SYMPTOM
PROFILE AND DISCHARGE INFORMATION**

NOTES: Any treatment difficulties?

DISCHARGE SHEET

THIS PAGE MUST BE COMPLETED FOLLOWING THE DISCHARGE OF THE PATIENT FROM TREATMENT.

DATE OF DISCHARGE: M M / D D /

DIAGNOSES AT DISCHARGE: (DSM IV/ICD 10)

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Notes

DISCHARGE MEDICATIONS:

DRUG	DOSE	FREQUENCY

RESIDUAL PSYCHIATRIC SYMPTOMS:

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POST DISCHARGE AFTERCARE: (TICK BOX)

Referral option	Offered	Patient Accepted	Patient Refused
Outpatient after care			
Residential rehab			
Other (specify)			